

As the below named inventors, we hereby declare that:

Our residences, post office addresses and citizenships are as stated below next to our names;

We believe we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHARMACEUTICAL DOSAGE FORM COMPRISING A SULFITE COMPOUND

the specification of which

was filed on JULY 31, 2003, as United States Application Serial No. 10/632,737

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We hereby acknowledge the duty to disclose information which is material to patentability in accordance in CFR §1.56(a).

Prior Foreign Application(s)

We hereby claim foreign priority benefits under 35 U.S.C. §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Country	Application No.	Date of Filing (day month year)	Date of Issue (day month year)	Priority Claimed Under 35 U.S.C. §119

Prior United States Provisional Application(s)

U.S. Provisional Application No.	Date of Filing (day month year)	Priority Claimed Under 35 U.S.C. §119(e)(1)
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We hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Date of Filing (Day, Month, Year)	Status — Patented, Pending, Abandoned
10,119,129	9 April 2002	
4		

Power of Attorney

And we hereby appoint, both jointly and severally, as our attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith the following attorneys and agents, their registration numbers being listed after their names:

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		POLSTER, Philip B., I	l 43,864	WILLIAMS, Scott A.	39,876

All correspondence and telephone communications should be addressed to:

Customer Number: 26648 Kenton N. Fedde, Reg. No. 54,701

Tel: (314) 274-5402

Full Name of First Inventor:	GAO	PING	
	Family Name	First Name	Middle Name
Residence: 7191 Crown Point	Circle, Portage, MI	49024 Ciizensh	ip:
Post Office Address: 7191 Crow	n Point Circle, Por	tage, MI 49024	
Signature:		Date:	
Full Name of Second Inventor:	BAUER Family Name		M. Second Given Name
Residence: 6441 Westshire St	reet, Portage, MI 4	9024 Citizensl	nip: USA
Post Office Address: 6441 Wests	shire Street, Porta	ge, MI 49024	
Signature: Juliane M	1 bu-	Date: 11 Decem	nben 2003
Full Name of Third Inventor:	EWING Family Name	GARY First Given Name	D. Second Given Name
Residence: 8119 Finch Drive,	Kalamazoo, MI 490	009 Citizenship:	USA
Post Office Address: 8119 Finch	Drive, Kalamazoo	, MI 49009	
Signature:		Date:	
Full Name of Fourth Inventor <u>:</u>	SPERRY Family Name	DAVID First Given Name	Second Given Name
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Signature: <u>Jany D.</u>	Ein,	Date: <u>17 Dece</u>	ember 2003
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Post Office Address: 7191 Crown		_				
Signature: The Gao		Date: 2003 -1	2-09			
Full Name of Second Inventor:	BAUER Family Name	JULIANE First Given Name	M.			
	rainily Name	riist diveri Name	Second diver Name			
Residence: 6441 Westshire Stre	et, Portage, MI 49	024 Citizensh	ip: USA			
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1 oot Omoo Addicas. Of to 1 mon prive, Idiamazos, iii 4000						
Signature:		Date:				
Full Manage of Family Incomes	CDEDDV	DAVID				
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Post Office Address: 7191 Crowr	n Point Circle Portag	ь MI 49024	
Post Office Address. 7191 Offwi	i Foint Oncie, Fortag	C, MI 43024	
O'	r	Data.	
Signature:		Date:	
Full Name of Second Inventor:	BAUER	JULIANE	M.
	Family Name	First Given Name	Second Given Name
Residence: 6441 Westshire Str	eet Portage MI 4902	24 Citizensh	in: USA
ricoldenice. O441 Westering Oti	oot, i ortago, iiii vool	. Total Children	ip. Gori
Post Office Address: 6441 Wests	hire Street, Portage,	MI 49024	
Signature:		Date:	
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Full Name of Third Inventor:	Family Name	GARY First Given Name	D. Second Given Name
	. a, , . a		
Desidence: 9110 Finch Drive I	/alamazaa MI 40000	Citizenship:	LICA
Residence: 8119 Finch Drive, F	Calailia200, Wii 49009	Citizenship	USA
Post Office Address: 8119 Finch	Drive, Kalamazoo, M	I 49009	
Signature:		Date:	
			C
Full Name of Fourth Inventor:	SPERRY Family Name	DAVID First Given Name	Second Given Name
	r army warne	i iist diveii ivaille	occord diver Name
Residence: 1503 Homecrest	Que 1/1 mi	Vienni Ciri (1)	<0
Residence: 1303 homectes	Hue. , Karamazoo, Mir,	97001 Citizenship:	<u> </u>
Post Office Address: 1503 Homec	rest Ave., Kalamazoo	, MI 49001	
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Signature: 17 am C. 5	au [Date: 9 Dec. Zo	∞3